204.1 Attachment A Bald Eagle Area School District

Educational Trip Request – Grades K - 12

Date of Request:		
Student's Name		
Grade	School	
Date(s) of Absence		
Person(s) student will be in the cu	ustody of during the trip	
Educational Area(s) of interest to	be visited	
The student named above we educational. I understand that with the teacher(s) involved an read and understand the Education. Only five (5) days p	vill be taking a trip for which I re t the student will be responsible for o nd making up the required work for e cational Tours and Trips Policy 204.1 per school year shall be excused. If the additional days missed will be cons	equest to be considered discussing the absence(s each class missed. I have I passed by the Board o the amount of the trip days
Signature of Parent/Guardian		
Date Received by Attendance Office		
□ Approved by Building Principal	Signature and Date	
□ Denied by Building Principal	Signature and Date	